

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047463

DO NOT WRITE ON THIS STUB		AMENDED		Registration District No. 77		Primary Registration District No. 3016		Registrar's No. 501		STATE FILE NUMBER	
VS 300 Rev. 4/59		DATE AMENDED		FILED JAN 13 1964		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
1 0269				a. COUNTY Cole		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Fulton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2 1140				c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chas. E. Still Hosp.		Length of stay in 1b 17 days		d. STREET ADDRESS R.R. # 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3				3. NAME OF DECEASED (Type or print) First James Middle (NMZ) Last BROWN		4. DATE OF DEATH Month December Day 31 Year 1963					
4 2				5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-15-1879	
5 1				10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		9. AGE (last birthday) 84		11. BIRTHPLACE (City and state or country) Guthrie, Missouri	
6				13a. FATHER'S NAME Enoch (NMZ) BROWN		13b. MOTHER'S MAIDEN NAME Dixie Hunley		14. NAME OF HUSBAND OR WIFE Pearl (NMZ) Sallee		12. CITIZEN OF WHAT COUNTRY U.S.A.	
7 0				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Pearl Sallee Brown			
8 2				18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
9 593K				IMMEDIATE CAUSE (a) Left Ventricular Heart failure							
10				Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Due to (b) Advanced Arteriosclerosis + Hypertension							
11				Due to (c) Renal failure							
12 1-2				PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced uremia due to Arteriosclerosis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
13 30				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
				20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
				21. I attended the deceased from 12-27-63 to 12-31-63 and last saw her alive on 12-31-63							
				Death occurred at 12:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.							
				22a. SIGNATURE Robert Newman D.		22b. ADDRESS 303 W. McCarty		22c. DATE SIGNED 1/4/64			
				23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE JAN. 2, 1964		23c. NAME OF CEMETERY OR CREMATORY New Richmond Cemetery		23d. LOCATION (City, town or county) Callaway County, Missouri	
				24. FUNERAL DIRECTOR Green Funeral Home, Fulton, Mo.		25. DATE RECD. BY LOCAL REG. 9 January 1964		26. REGISTRAR'S SIGNATURE Norma E. Richter			

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.